

# CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:		
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92083-6645		
<input type="checkbox"/> Conservatorship <input type="checkbox"/> Decedent's Estate		<input type="checkbox"/> Guardianship <input type="checkbox"/> Trust
<b>ACCOUNT STATEMENT</b> <b>(Probate Code 2620(c))</b>		CASE NUMBER

The financial institution account statement for the \_\_\_\_\_ Accounting is attached.

Accounting period: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Signature